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Thank you!

COVER LETTER

TO:		ation Section n of Corporations		
SUBJE		F Cloveland, LLC		
5011015	· · · · ·	Nam	e of Limited Liability Company	
			Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.	
Please re	eturn ail	correspondence concerning this matter t	o the following:	
		Mrs. Krista Wilhelm		
			Name of Person	
		Cleveland-Cliffs Steel LLC		
			Pirm/Company	
		1 S. Dearboin Street, 19th Floor		
			Address	
		Chicago, IL 60603		
		C	ity/State and Zip Code	
		cgalnotices@clevelandcliffs.com		
	-	E-mail address: (to be	used for future annual report notification)	
For furtl	ier infori	nation concerning this matter, please cal	II:	
	Mrs. Kı	ista Wilhelm	312 899-3358 at ()	
		Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:			Street Address:	
Registration Section			Registration Section	
		on of Corporations	Division of Corporations	
	P.O. Box 6327		The Centre of Tallahassee	
	ranan	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Please a	d is a check for the following amount: nake check payable to: FLORIDA DEP .00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

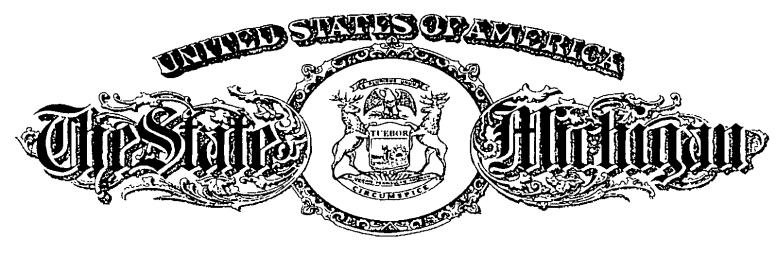
IN COMPLIANCE WITH SECTION 605,0002, FLORIDA SIXTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

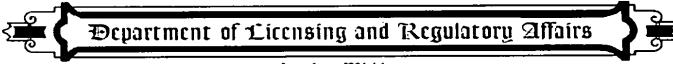
ame inavailable, eiter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "Ll.
Michigan		38-3477283 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(Fill number,	, if applicable)
	(Date first transacted business in Horida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) r penalty liability)	
8550 Actua Road		8550 Aetna Road	
et Address of Principal Office)		6. (Mailing Address)	
Cleveland, OH 44105		Cleveland, OH 44105	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name and street addres Name:	S of Florida registered agent: (P.O. Box) C T Corporation System	NOT acceptable)	<i>i</i> *.
		NOT acceptable)	2822 A
Name:	C T Corporation System	33324	2022 APR 11
Name:	C T Corporation System 1200 South Pine Island Road		2022 APR 10 PM

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: Celso L. Goncalves Jr. Name: _____ ⊞Manager □ Manager Address: 200 Public Square Address: 200 Public Square □Member □Member **Suite 3300 Suite 3300** □ Authorized **ElAuthorized** Cleveland, OH 44114 Cleveland, OH 44114 Person Person ☑Other_Asst. Secretary □Other___ □Other___ Other____ Name: ___ Name: Keith A. Koci ⊞Manager □Manager 200 Public Square Address: 3400 E. Lafayette □Member □Member **Suite 3300** □ Authorized □ Authorized Detroit, MI 48207 Cleveland, OH 44114 Person Person Controller ____ []Other____ Other____ []Other__ Name: James D. Graham □Manager I∏Manager 200 Public Square □Member Address: □Member Suite 3300 □Authorized DAuthorized Cleveland, OH 44114 Person Person Secretary CJOther____ Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State_constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Joanie Streicher, Controller

Typed or printed name of signee





Lansing, Michigan

This is to Certify That FPT CLEVELAND, LLC

was validly authorized on June 30, 1999, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand,

in the City of Lansing, this 9th day of May, 2022.

Certificate Number: 22050255005